

<b>400-00-7504</b>
<b>Description:</b> PY Head of Household, over 65 and blind, in Military with Direct Deposit
<b>Forms:</b> AZ-140PY, Schedule APY, 8879
<b>PATS Info</b>
<b>AZ 140PY:</b> Resident of NC, AZ, CA with W2s
<b>Savings Bond interest redeemed during the period of AZ residency</b>
Dates of AZ Residency = 03-17-2006 to 10-10-2006
AZ Estimated Payments = 3500
Overpayment
Contributions to all checkoff funds except Aid to Education fund
Contribution to Political Gift
IRA Contribution made while residing in AZ
Copy of federal Schedule B
Copies of NC and CA returns (first 2 pages of each)

For the year Jan. 1-Dec. 31, 2006, or other tax year **COMBAT ZONE**, 2006, ending , 20

OMB. No. 1545-0074

## Label

(See instructions on page 16.)

Use the IRS label. Otherwise, please print or type.

L  
A  
B  
E  
L  
  
H  
O  
M  
E  
A  
D  
D  
R  
E  
S  
S

Your first name and initial

Last name

**TEST M****PARTMILLIE**

If a joint return, spouse's first name and initial

Last name

Home address (number and street). If you have a P.O. box, see page 16.

Apt. no.

**JOHN M LUCKY**  
**13 WINNERS CIR**

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.

**ELOY****AZ 85231**

Your social security number

**400-00-7504**

Spouse's social security number

You must enter your SSN(s) above.

Checking a box below will not change your tax or refund.

## Presidential

## Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16)

☒ You ☐ Spouse

## Filing Status

Check only one box.

1  
2  
3☐ Single☐ Married filing jointly (even if only one had income)☐ Married filing separately. Enter spouse's SSN above and full

name here.

4

☒ Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.

5

☐ Qualifying widow(er) with dependent child (see page 17)

## Exemptions

6 a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

Boxes checked on 6a and 6b

1

b

☐ Spouse

No. of children on 6c who:

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) Check if qualifying child for child tax credit (see pg 19)

**GERTRUDE****PARTMILLIE****341-23-2132****Daughter**● lived with you 1  
● did not live with you due to divorce or separation (see page 20)

Dependents on 6c not entered above

Add numbers on lines above

2

d Total number of exemptions claimed

## Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 22.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2

7

36,000

8 a Taxable interest. Attach Schedule B if required

8a

290

b Tax-exempt interest. Do not include on line 8a

8b

9 a Ordinary dividends. Attach Schedule B if required

9a

223

b Qualified dividends (see page 23)

9b

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23)

10

11 Alimony received

11

12 Business income or (loss). Attach Schedule C or C-EZ

12

13,250

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here

13

14 Other gains or (losses). Attach Form 4797

14

15 a IRA distributions

15a

b Taxable amount (see page 25)

15b

16 a Pensions and annuities

16a

b Taxable amount (see page 25)

16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17

18 Farm income or (loss). Attach Schedule F

18

19 Unemployment compensation

19

3,560

20 a Social security benefits

20a

b Taxable amount (see page 27)

20b

21 Other income.

21

22 Add the amounts in the far right column for lines 7 through 21. This is your total income

22

53,323

## Adjusted Gross Income

23 Archer MSA deduction. Attach Form 8853

23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

24

25 Health savings account deduction. Attach Form 8889

25

26 Moving expenses. Attach Form 3903

26

27 One-half of self-employment tax. Attach Schedule SE

27

936

28 Self-employed SEP, SIMPLE, and qualified plans

28

29 Self-employed health insurance deduction (see page 30)

29

30 Penalty on early withdrawal of savings

30

31 a Alimony paid b Recipient's SSN

31a

32 IRA deduction (see page 31)

32

1,000

33 Student loan interest deduction (see page 33)

33

34 Jury duty pay you gave to your employer

34

35 Domestic production activities deduction. Attach Form 8903

35

36 Add lines 23 through 31a and 32 through 35

36

1,936

37 Subtract line 36 from line 22. This is your adjusted gross income

37

51,387

**Tax and Credits****Standard Deduction for—**

● People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 36.

● All others:  
Single or Married filing separately, \$5,150

Married filing jointly or Qualifying widow(er), \$10,300

Head of household, \$7,550

38	Amount from line 37 (adjusted gross income)	38	51,387
39a	Check <input checked="" type="checkbox"/> You were born before January 2, 1942, <input checked="" type="checkbox"/> Blind. <b>Total boxes checked</b> <b>39a</b> <b>2</b> if: <input type="checkbox"/> Spouse was born before January 2, 1942, <input type="checkbox"/> Blind.		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 35 & check here <b>39b</b> <input type="checkbox"/>		
40	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin) <b>IE</b>	40	6,500
41	Subtract line 40 from line 38	41	44,887
42	If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see page 37. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d	42	6,600
43	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	38,287
44	<b>Tax</b> (see page 37). Check if any tax is from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972	44	5,204
45	<b>Alternative minimum tax</b> (see page 39). Attach Form 6251	45	
46	Add lines 44 and 45	46	5,204
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Credit for the elderly or the disabled. Attach Schedule R	49	
50	Education credits. Attach Form 8863	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Residential energy credits. Attach Form 5695	52	
53	Child tax credit (see page XX). Attach Form 8901 if required	53	1,000
54	Credits from: <b>a</b> <input type="checkbox"/> Form 8396 <b>b</b> <input type="checkbox"/> Form 8839 <b>c</b> <input type="checkbox"/> Form 8859	54	
55	Other credits: <b>a</b> <input type="checkbox"/> Form 3800 <b>b</b> <input type="checkbox"/> Form 8801 <b>c</b> <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your <b>total credits</b>	56	1,000
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	4,204
58	Self-employment tax. Attach Schedule SE	58	1,872
59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57 through 62. This is your <b>total tax</b>	63	6,076

**Other Taxes****Payments**

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	1,750
65	2006 estimated tax payments and amount applied from 2005 return	65	
66a	<b>Earned income credit (EIC)</b>	66a	
b	Nontaxable combat pay election <b>66b</b>		
67	Excess social security and tier 1 RRTA tax withheld (see page 59)	67	
68	Additional child tax credit. Attach Form 8812	68	
69	Amount paid with request for extension to file (see page 59)	69	
70	Payments from: <b>a</b> <input type="checkbox"/> Form 2439 <b>b</b> <input type="checkbox"/> Form 4136 <b>c</b> <input type="checkbox"/> Form 8885	70	
71	Credit for federal telephone excise tax paid. Attach Form 8913 if required	71	
72	Add lines 64, 65, 66a, and 67 through 71. These are your <b>total payments</b>	72	1,750

**Refund**

Direct deposit? See page 59 and fill in 74b, 74c, and 74d, or Form 8888.

73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you <b>overpaid</b>	73	
74a	Amount of line 73 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	74a	
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
75	Amount of line 73 you want <b>applied to your 2007 estimated tax</b>	75	

**Amount You Owe**

76	<b>Amount you owe.</b> Subtract line 72 from line 63. For details on how to pay, see page 60	76	4,487
77	Estimated tax penalty (see page 60)	77	161

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see page 61)? ☒ **Yes.** Complete the following. ☐ **No**

Designee's name	Phone no.	Personal identification number (PIN)
<b>Ima Luckyone II</b>	<b>888-555-1212</b>	<b>1 2 3 4 5</b>

**Sign Here**

Joint return? See page 17. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
<b>50505</b>	<b>04-14-2007</b>	<b>GROUNDSKEEPER</b>	
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	<b>520-349-5827</b>

**Paid Preparer's Use Only**

Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN
<b>TEST FIRM</b>	<b>10-26-2006</b>	<input type="checkbox"/>	<b>P24680000</b>
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	
<b>STREET ADDRESS</b>			
<b>FRANKLIN NC 28734</b>			

**SCHEDULES A&B**  
**(Form 1040)**

**Schedule A - Itemized Deductions**

OMB No. 1545-0074

**2006**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040.** ▶ **See Instructions for Schedules A & B (Form 1040).**

Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

**TEST M PARTMILLIE**

**400-00-7504**

<b>Medical and Dental Expenses</b>		<b>Caution.</b> Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see page A-2)	1	2,000		
2	Enter amount from Form 1040, line 38	2	51,387		
3	Multiply line 2 by 7.5% (.075)	3	3,854		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			0
<b>Taxes You Paid</b>		5	3,204		
6	State and local income taxes	6			
7	Real estate taxes (see page A-5)	7			
8	Personal property taxes	8	296		
9	Other taxes. List type and amount	9			
9	Add lines 5 through 8	9			3,500
<b>Interest You Paid</b>		10	3,000		
11	Home mortgage interest and points reported to you on Form 1098	11			
12	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-6 and show that person's name, identifying no., and address	12			
13	Points not reported to you on Form 1098. See page A-6 for special rules	13			
14	Investment interest. Attach Form 4952 if required. (See page A-6.)	14			
14	Add lines 10 through 13	14			3,000
<b>Gifts to Charity</b>		15			
16	Gifts by cash or check. If you made any gift of \$250 or more, see page A-7	16			
17	Other than by cash or check. If any gift of \$250 or more, see page A-7. You must attach Form 8283 if over \$500	17			
18	Carryover from prior year	18			
18	Add lines 15 through 17	18			
<b>Casualty and Theft Losses</b>		19			
19	Casualty or theft loss(es). Attach Form 4684. (See page A-8.)	19			
<b>Job Expenses and Certain Miscellaneous Deductions</b>		20			
20	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-8.)	20			
21	Tax preparation fees	21			
22	Other expenses - investment, safe deposit box, etc. List type and amount	22			
23	Add lines 20 through 22	23			
24	Enter amount from Form 1040, line 38	24			
25	Multiply line 24 by 2% (.02)	25			
26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26			
<b>Other Miscellaneous Deductions</b>		27			
27	Other - from list on page A-9. List type and amount	27			
<b>Total Itemized Deductions</b>		28			6,500
28	Is Form 1040, line 38, over \$150,500 (over \$75,250 if married filing separately)?	28			
	<input checked="" type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 40.				
	<input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See page A-9 for the amount to enter.				
29	If you elect to itemize deductions even though they are less than your standard deduction, check here				

For Paperwork Reduction Act Notice, see Form 1040 instructions.

EEA

Schedule A (Form 1040) 2006

YOUR FIRST NAME AND INITIAL

1 TEST M

LAST NAME

PARTMILLIE

YOUR SOCIAL SECURITY NO.

400-00-7504

IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL

1

LAST NAME

SPOUSE'S SOCIAL SECURITY NO.

PRESENT HOME ADDRESS - NO. AND STREET, RURAL ROUTE

APT. NO.

DAYTIME PHONE (with area code)

2 13 WINNERS CIR

520-349-5827

IMPORTANT

You must enter your SSNs.

CITY, TOWN OR POST OFFICE

STATE

ZIP CODE

HOME PHONE (with area code)

3 ELOY, AZ 85231

94 520-524-0612

Check this box if:

82F Filing under extension

Filing Status

4 Married filing joint return

5 Head of household - name of qualifying child or dependent:

GERTRUDE PARTM

6 Married filing separate return. Enter spouse's Social Security Number above

and full name here.

7 Single

Exemptions

8 01 Age 65 or over (you and/or spouse)

88

9 01 Blind (you and/or spouse)

10 01 Dependents. From page 2, line A2 - do not include self or spouse.

11 00 Qualifying parents and ancestors of your parents from page 2, line A5.

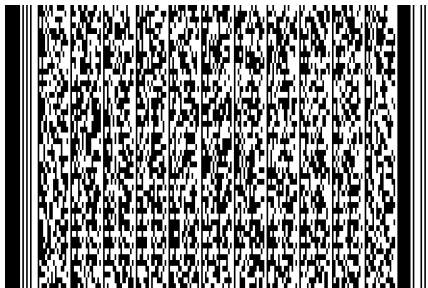
81

80

12-13 Residency Status (check one): 12 Part-Year Resident Other than Active Military

13 Part-Year Resident Active Military

THIS BOX MAY BE BLANK OR MAY CONTAIN A PRINTED BARCODE OF DATA FROM YOUR RETURN



14 Federal AGI 14 51,387 00

15 Arizona income (from page 2, line B19) 15 14,000 00

16 Additions to income (from page 2, line C24) 16 00

17 Add lines 15 and 16 17 14,000 00

18 Subtractions. Number from line D34a. 181 18 5,900 00

19 Arizona AGI. Line 17 minus line 18 19 8,100 00

20 20 I ITEMIZED 20 S STANDARD 20 7,520 00

21 Personal exemptions 21 4,200 00

22 AZ taxable inc. Ln 19 minus lines 20 & 21 22 00

23 Compute tax. Use Tax Table X or Y 23 00

24 Tax from recapture of credits 24 00

25 Subtotal of tax. Add lines 23 and 24 25 00

26 - 27 Clean Elections Fund Tax Reduction

26 1 YOURSELF 26 2 SPOUSE 27 00

28 Reduced tax. Subtract line 27 from line 25 28 00

29 Family income tax credit from worksheet on pages 15 and 16 of the instructions 29 80 00

30 Credits from Arizona Form 301, line 57, or Forms 310, 321, 322 and 323 if Form 301 is not required 30 00

31 Credit type. Enter form number of each credit claimed: 31 3 3 3 3 3 00

32 Clean Elections Fund Tax Credit. From worksheet on page 18 of the instructions 32 00

33 Balance of tax. Subtract lines 29, 30 and 32 from line 28. If the sum of lines 29, 30 and 32 is more than line 28, enter zero 33 00

34 Arizona income tax withheld during 2006 34 162 00

35 Arizona estimated tax payments for 2006 35 3,500 00

36 Amount paid with 2006 Arizona extension request (Form 204) 36 00

37 Increased Excise Tax Credit. From worksheet on page 18 of the instructions 37 00

38 Total payments/refundable credits. Add lines 34 through 37 38 3,662 00

39 TAX DUE. If line 33 is larger than line 38, subtract line 38 from line 33, & enter amount of tax due. Skip lines 40, 41 & 42 39 00

40 OVERPAYMENT. If line 38 is larger than line 33, subtract line 33 from line 38, and enter amount of overpayment 40 3,662 00

41 Amount of line 40 to be applied to 2007 estimated tax 41 00

42 Balance of overpayment. Subtract line 41 from line 40 42 3,662 00

43 - 51 Voluntary Gifts to:

AID TO EDUCATION (entire refund only) 43 00  
CHILD ABUSE PREVENTION 46 20 00  
NEIGHBORS HELPING NEIGHBORS 49 35 00

ARIZONA WILDLIFE DOMESTIC VIOLENCE SHELTER 44 10 00  
47 25 00  
SPECIAL OLYMPICS 50 40 00

CITIZENS CLEAN ELECTIONS 45 15 00  
NATIONAL GUARD RELIEF FUND 48 30 00  
POLITICAL GIFT 51 50 00

52 Check only one if making a political gift: 52 1 Democratic 52 2 Libertarian 52 3 X Republican

53 Estimated payment penalty and MSA withdrawal penalty 53 00

54 Check applicable boxes: 54 1 Annualized/Other 54 2 Farmer or Fisherman 54 3 Form 221 attached 54 4 MSA Penalty

55 Total of lines 43, 44, 45, 46, 47, 48, 49, 50, 51 and 53 55 225 00

56 REFUND. Subtract line 55 from line 42. If less than zero, enter amount owed on line 57 56 3,437 00

Direct Deposit of Refund: See instructions.

ROUTING NUMBER

ACCOUNT NUMBER

C X Checking or

S Savings

98 021234567 123123123

57 AMOUNT OWED. Add lines 39 and 55. Make check payable to Arizona Department of Revenue; include SSN on payment.

Payment enclosed. Check the box and attach payment.

Attach W-2 to back of last page of the return. If itemizing, attach your federal Schedule A and Arizona Schedule A.

ATTACH PAYMENT HERE

PART A:  
  
Dependents

A1 List children and other dependents. Do not list yourself or spouse. If more space is needed, attach a separate sheet.				NO. OF MONTHS LIVED IN YOUR HOME IN 2006
FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP		
GERTRUDE PARTMILLIE	341-23-2132	DAUGHTER		12

A2 Enter total number of persons listed in A1 here and on page 1 of this form, box 10 . . . . . TOTAL A2 1

A3 a Enter the names of the dependents listed above who do not qualify as your dependent on your federal return:  
  
b Enter dependents listed above who were not claimed on your federal return due to education credits:

A4 List qualifying parents and ancestors of your parents. If more space is needed, attach a separate sheet. You cannot list the same person here and also on line A1. For information on who is a qualifying parent or ancestor of your parents, see page 5 of the instructions.

			NO. OF MONTHS LIVED IN YOUR HOME IN 2006
FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	

A5 Enter total number of persons listed in A4 here and on page 1 of this form, box 11 . . . . . TOTAL A5 0

PART B:  
  
Arizona Percent of Total Income

B6 Dates of Arizona residency: From 03-17-2006 to 10-10-2006 . List other state(s) of residency: NC CA	2006 FEDERAL Amount from federal return		2006 ARIZONA Amount only	
B7 Wages, salaries, tips, etc. . . . .	B7	36,000	00	15,000
B8 Interest . . . . .	B8	290	00	00
B9 Dividends . . . . .	B9	223	00	00
B10 Arizona income tax refunds . . . . .	B10		00	00
B11 Alimony received . . . . .	B11		00	00
B12 Business income (or loss) from federal Schedule C . . . . .	B12	13,250	00	00
B13 Gains (or losses) from federal Schedule D . . . . .	B13		00	00
B14 Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E . . . . .	B14		00	00
B15 Other income reported on your federal return . . . . .	B15	3,560	00	00
B16 Total income: Add lines B7 through B15 . . . . .	B16	53,323	00	15,000
B17 Federal adjustments. Attach your own schedule . . . . .	B17	1,936	00	1,000
B18 Federal adjusted gross income. Subtract line B17 from line B16 in the FEDERAL column	B18	51,387	00	
B19 Arizona income: Subtract line B17 from line B16 in the ARIZONA column. Enter here and on page 1 of this form, line 15 . . . . .	B19			14,000
B20 Arizona percentage: Divide line B19 by line B18, and enter the result (not over 100%) . . . . .	B20			27.2 %

PART C:  
  
Additions

C21 Early withdrawal of Arizona Retirement System contributions . . . . .	C21		00
C22 Total depreciation included in Arizona gross income . . . . .	C22		00
C23 Other additions to income. See instructions and attach your own schedule . . . . .	C23		00
C24 Total: Add lines C21 through C23. Enter here and on page 1 of this form on line 16 . . . . .	C24		00

PART D:  
  
Subtractions from Income

D25 Exemption: Age 65 or over. Multiply the number in box 8, page 1, by \$2,100 . . . . .	D25	2,100	00
D26 Exemption: Blind. Multiply the number in box 9, page 1, by \$1,500 . . . . .	D26	1,500	00
D27 Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,300 . . . . .	D27	2,300	00
D28 Exemption: Qualifying parents and ancestors. Multiply the number in box 11, page 1, by \$10,000 . . . . .	D28		00
D29 Total exemptions: Add lines D25 through D28 . . . . .	D29	5,900	00
D30 Multiply line D29 by the percentage on line B20, and enter the result . . . . .	D30		5,900
D31 Interest on U.S. obligations such as U.S. savings bonds and treasury bills included in the ARIZONA column . . . . .	D31		00
D32 Arizona state lottery winnings included on line B15 in the ARIZONA column (up to \$5,000 only) . . . . .	D32		00
D33 U.S. Social Security or Railroad Retirement Act benefits included in your ARIZONA income . . . . .	D33		00
D34 Construction of an energy efficient residence. See page 11 of instructions. Enter number D34a <input type="text"/> , then amount . . . . .	D34		00
D35 Other subtractions from income. See instructions and attach your own schedule . . . . .	D35		00
D36 Total: Add lines D30 through D35. Enter here and on page 1 of this form, line 18 . . . . .	D36		5,900

E37 Last name(s) used in prior years if different from name(s) used in current year:

PLEASE  
SIGN

I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

YOUR SIGNATURE 10-26-2006 GROUNDSKEEPER  
DATE OCCUPATION

SPOUSE'S SIGNATURE DATE SPOUSE'S OCCUPATION

PAID PREPARER'S SIGNATURE TEST FIRM  
FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

P24680000 10-26-2006 STREET ADDRESS  
PAID PREPARER'S TIN DATE PAID PREPARER'S ADDRESS FRANKLIN, NC 28734 1024

**ARIZONA SCHEDULE  
A(PY)**

**Itemized Deductions  
For Part-Year Residents**

**D1 - (08/22/06)  
2006**

Attach to your return

NAME(S) AS SHOWN ON FORM 140PY

**TEST M**

**PARTMILLIE**

YOUR SOCIAL SECURITY NUMBER

**400-00-7504**

SPOUSE'S SOCIAL SECURITY NUMBER

**Medical and Dental Expenses • Taxes • Interest Expense • Gifts to Charity**

<b>1</b> Medical and dental expenses incurred and paid while an Arizona resident plus the amount of such expenses from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident . . . . .	<b>1</b>	<b>2,000</b>	00
<b>2</b> Taxes allowable on federal Form 1040, Schedule A, that you incurred and paid while an Arizona resident plus the amount of such taxes from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident . . . . .	<b>2</b>	<b>2,520</b>	00
<b>3</b> Interest expense: See instructions . . . . .	<b>3</b>	<b>3,000</b>	00
<b>4</b> Gifts to charity allowable on federal Form 1040, Schedule A, that you incurred and paid while an Arizona resident plus the amount of such gifts from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident . . . . .	<b>4</b>		00

**Casualty and Theft Losses**

<b>5</b> Casualty loss(es) allowable on federal Form 1040, Schedule A, after applying the 10% federal adjusted gross income limitation and the \$100 per loss floor . . . . .	<b>5</b>		00
<b>6</b> Casualty loss(es) allowable on federal Form 4684 before applying the 10% federal adjusted gross income limitation and the \$100 per loss floor . . . . .	<b>6</b>		00
<b>7</b> Amount of loss on line 6 incurred while you were an Arizona resident plus the amount of loss from Arizona sources on line 6 that you incurred during the part of the year while an Arizona nonresident . . . . .	<b>7</b>		00
<b>8</b> Divide line 7 by line 6, and enter the percentage . . . . .	<b>8</b>		%
<b>9</b> Multiply line 5 by the percentage on line 8 . . . . .	<b>9</b>		00

**Job Expenses and Other Miscellaneous Expenses**

<b>10</b> Miscellaneous expenses subject to the 2% federal adjusted gross income limitation allowable on federal Form 1040, Schedule A, before applying the limitation . . . . .	<b>10</b>		00
<b>11</b> Amount on line 10 that you incurred and paid while an Arizona resident plus the amount on line 10 from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident . . . . .	<b>11</b>		00
<b>12</b> Divide line 11 by line 10, and enter the percentage . . . . .	<b>12</b>		%
<b>13</b> Miscellaneous deductions subject to the 2% federal adjusted gross income limit allowable on federal Form 1040, Schedule A, after applying the limitation . . . . .	<b>13</b>		00
<b>14</b> Multiply line 13 by the percentage on line 12 . . . . .	<b>14</b>		00
<b>15</b> Other miscellaneous expenses allowable on federal Form 1040, Schedule A, not subject to the 2% federal adjusted gross income limitation that you incurred and paid while an Arizona resident plus the amount of such expenses from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident . . . . .	<b>15</b>		00

**Skip lines 16 through 20 if not deducting gambling losses.**

<b>16</b> Wagering losses included on line 15 . . . . .	<b>16</b>		00
<b>17</b> Total gambling winnings included in your Arizona gross income . . . . .	<b>17</b>		00
<b>18</b> Authorized Arizona lottery subtraction from Form 140PY, page 2, line D32 . . . . .	<b>18</b>		00
<b>19</b> Maximum allowable gambling loss deduction: Subtract line 18 from line 17 . . . . .	<b>19</b>		00
<b>20</b> If line 19 is less than line 16, subtract line 19 from line 16; otherwise enter "zero" . . . . .	<b>20</b>		00
<b>21</b> If you completed lines 16 through 20, subtract line 20 from line 15. If you skipped lines 16 through 20, enter amount on line 15 here . . . . .	<b>21</b>		00
<b>22</b> Add lines 14 and 21 . . . . .	<b>22</b>		00

**Total Itemized Deductions**

<b>23</b> Tentative Arizona itemized deduction: Add lines 1, 2, 3, 4, 9, and 22. If your federal adjusted gross income is more than \$150,500 (\$75,250 if married filing separately), complete lines 24 through 28 below. Otherwise, enter the amount on line 23 on Form 140PY, page 1, line 20 . . . . .	<b>23</b>	<b>7,520</b>	00
<b>24</b> If your federal adjusted gross income is more than \$150,500 (\$75,250 if married filing separately), enter on line 24 the amount by which you have to reduce your federal itemized deductions because your federal adjusted gross income was over this threshold . . . . .	<b>24</b>		00
<b>25</b> Enter your total federal itemized deductions allowable on federal Form 1040, Schedule A, prior to the federal adjusted gross income limitation . . . . .	<b>25</b>		00
<b>26</b> Divide line 23 by line 25, and enter the percentage . . . . .	<b>26</b>		%
<b>27</b> Multiply line 24 by the percentage on line 26, and enter the result . . . . .	<b>27</b>		00
<b>28</b> Subtract line 27 from line 23. Enter the result here and on Form 140PY, page 1, line 20 . . . . .	<b>28</b>		00

00-999106-07504-7

**ARIZONA FORM****Arizona Department of Revenue  
E-file Signature Authorization****2006**

YOUR FIRST NAME AND INITIAL

LAST NAME

YOUR SOCIAL SECURITY NO.

**TEST M****PARTMILLIE****400-00-7504**

IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL

LAST NAME

SPOUSE'S SOCIAL SECURITY NO.

**PART I PURPOSE**

- To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.
- To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

**PART II - TAX RETURN INFORMATION**

1 Arizona Adjusted Gross Income . . . . .	1	8,100	00
2 Balance Of Tax . . . . .	2		00
3 Arizona Income Tax Withheld . . . . .	3	162	00
4 Refund . . . . .	4	3,437	00
5 Amount You Owe . . . . .	5		00

**PART II - FINANCIAL INSTITUTION INFORMATION -**

Must be present when requesting direct debit or deposit.

TYPE OF ACCOUNT

ROUTING NUMBER

☒ Checking ☐ Savings

021234567

ACCOUNT NUMBER

123123123

DIRECT DEBIT REQUEST DATE

DIRECT DEBIT PAYMENT AMOUNT

\$ .00

**PART III DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part II)**

Under penalties of perjury, I declare that I have examined a paper copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2006, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the paper copy of my electronic Arizona income tax return.

6a ☒ I consent that my refund be directly deposited as designated in the electronic portion of my 2006 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

6b ☐ I do not want direct deposit of my refund or I am not receiving a refund.

6c ☐ I authorize the Arizona Department of Revenue (DOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the DOR does not receive full and timely payment of my tax liability by April 16, 2007, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, the electronic portion of my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to DOR, and I consent to my ERO or OLSP sending such information to DOR through a transmitter. I consent to DOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize DOR to disclose to my ERO, OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent. If DOR contacts my ERO for a copy of my return, any attachments or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to DOR.

I authorize **CHUCK GRISE** to make the election that I want my electronic signature to my electronic federal individual (ELECTRONIC RETURN ORIGINATOR)

income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2006. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return, I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete. I further understand that if my ERO fails to make the election of my electronic signature to my federal individual income tax return as my signature to my Arizona individual income tax return, I will need to execute Arizona Form AZ-8453.

PLEASE SIGN	YOUR PEN AND INK SIGNATURE	10-26-2006
		DATE
	SPOUSE'S PEN AND INK SIGNATURE	
		DATE
Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.		

## \*\*\*\*\*KEEP FOR YOUR RECORDS\*\*\*\*\*

**FAMILY INCOME TAX CREDIT**

You may take this credit if you meet the income threshold for your filing status.

- Complete steps 1, 2, and 3 in the instructions to see if you qualify for this credit.
- If you qualify to take this credit, complete this worksheet from Step 4 of the instructions.

1. Enter the number of dependents you entered on Form 140 or 140PY, page 1, box 10, excluding persons listed on page 2, line A3. . . . . 1
2. Number of personal exemptions. If you checked filing status 4, enter the number 2 here. If you checked filing status 5, 6, or 7, enter the number 1 here. . . . . 1
3. Add lines 1 and 2. Enter the result. . . . . 2
4. Multiply the amount on line 3 by \$40. Enter the result. . . . . 80
5. If you checked filing status 4 or 5, enter \$240 here.  
If you checked filing status 6 or 7, enter \$120 here. . . . . 240
6. Family income tax credit. Enter the lesser of line 4 or line 5. . . 80  
Also enter this on Form 140, page 1, line 26 or  
Form 140PY, page 1, line 29.

NOTE: The family income tax credit will only reduce your tax and cannot be refunded.

For Computer Use Only													
FS	4	EX	02	PP	Y	DT	N	DS	N	OC	N	EA	N
PART	13	W	85231			NRT	N	NRS	N	PYT	Y	PYS	Y
TEST			M	PARTMILLIE				400007504		PCT		PFT	0
										PCS		PFS	0
13	WINNERS	CIR					ELOY				AZ	85231	
AGI	51387	20C		0	30	5900	42			0			
06	38287	20D		0	32	3204	43			0			
07	2200	22A		0	33	600	44			0			
09	0	22C		0	34	1600	45			0			
15	39	EU			35	0	46			0			
17	0	23		0	36	0	48			21000			
19A	980	25		0	37	0	49			53323			
19B	0	26		0	39	0							
20A	0	28		63	40	0							
20B	0	29		6500	41	0							
TN	5203495827		PN			PP		P24680000					

**If you ARE NOT due a refund, mail return, any payment, and Form D-400V to: NCDOR, P.O. Box 25000, Raleigh, N.C. 27640-0640**  
**If REFUND mail to: NCDOR, P.O. Box R, Raleigh, N.C. 27634-0001**

Last Name (First 10 Characters) **PARTMILLIE**Your Social Security Number **400007504****D-400 Line-by-Line Information**

AGI	Federal Adjusted Gross Income	AGI	<b>51387</b>
6.	Taxable Income from Federal Return	6.	<b>38287</b>
7.	Additions to Federal Taxable Income	7.	<b>2200</b>
8.	Add Lines 6 and 7	8.	<b>40487</b>
9.	Deductions from Federal Taxable Income	9.	<b>0</b>
10.	Line 8 minus Line 9	10.	<b>40487</b>
11.	Same as Line 10	11.	<b>40487</b>
12.	Part-year residents and nonresidents	12.	<b>0.3938</b>
13.	N.C. Taxable Income	13.	<b>15944</b>
14.	N.C. Income Tax	14.	<b>956</b>
15.	Tax Credits	15.	<b>39</b>
16.	Line 14 minus Line 15	16.	<b>917</b>
17.	Consumer Use Tax	17.	<b>0</b>
18.	Add Lines 16 and 17	18.	<b>917</b>

**North Carolina Income Tax Withheld**

19a.	Your Income Tax Withheld	19a.	<b>980</b>
19b.	Spouse's Income Tax Withheld	19b.	<b>0</b>

**Other Tax Payments**

20a.	2006 Estimated Tax	20a.	<b>0</b>
20b.	Paid with Extension	20b.	<b>0</b>
20c.	Partnership	20c.	<b>0</b>
20d.	S Corporation	20d.	<b>0</b>
21.	Add Lines 19a through 20d	21.	<b>980</b>
22a.	If Line 18 is more than Line 21, subtract and enter the result	22a.	<b>0</b>
22b.	Penalties and interest	22b.	<b>0</b>
EU	Exception to underpayment of estimated tax	EU	<b>0</b>
22c.	Underpayment of estimated income tax	22c.	<b>0</b>
23.	<b>Pay this Amount</b>	23.	<b>0</b>
24.	If Line 18 is less than Line 21, subtract and enter the result	24.	<b>63</b>

**Amount of Refund to Apply to:**

25.	Amount of Line 24 to be applied to 2007 Estimated Income Tax	25.	<b>0</b>
26.	N.C. Nongame and Endangered Wildlife Fund	26.	<b>0</b>
27.	Add Lines 25 and 26	27.	<b>0</b>
28.	<b>Amount to be Refunded</b>	28.	<b>63</b>

**Additions to Federal Taxable Income**

29.	Itemized deductions or standard deduction from your federal return	29.	<b>6500</b>
30.	N.C. standard deduction		
<div style="border: 1px solid black; padding: 5px;">           Single \$3,000; Head of household \$4,400;            Qualifying widow(er) \$6,000; Married filing jointly \$6,000;            Married filing separately:                If your spouse does NOT claim itemized deductions \$3,000;                If your spouse claims itemized deductions \$0         </div>			
NOTE: If 65 or older or blind or if someone can claim you as a dependent, see worksheet.			
30.		30.	<b>5900</b>
31.	Line 29 minus 30 - Amount cannot be less than zero	31.	<b>600</b>
32.	State and local taxes and foreign income taxes	32.	<b>3204</b>
33.	If standard deduction, enter amount from Line 31. If itemizing, enter Line 31 or 32, whichever is less.	33.	<b>600</b>
34.	Personal exemption adjustment	34.	<b>1600</b>
35.	Interest income from other states	35.	<b>0</b>
36.	Adjustment for domestic production activities (See instructions)	36.	<b>0</b>
37.	Other federal taxable income additions	37.	<b>0</b>
38.	<b>Total additions</b>	38.	<b>2200</b>

**Deductions from Federal Taxable Income**

39.	State or local income tax refund	39.	<b>0</b>
40.	Interest income from obligations of US or US' possessions	40.	<b>0</b>
41.	Social Security and Railroad Retirement Benefits	41.	<b>0</b>
42.	Bailey settlement retirement benefits	42.	<b>0</b>
43.	Other retirement benefits	43.	<b>0</b>
44.	Severance wages	44.	<b>0</b>
45.	Adjustment for additional first-year depreciation added back in 2002, 2003, and 2004 (See instructions)	45.	<b>0</b>
46.	Other federal taxable income deductions	46.	<b>0</b>
47.	<b>Total deductions</b>	47.	<b>0</b>

**Nonresidents and Part-Year Residents**

48.	NC source income while a nonresident and all income while a part-year NC resident	48.	<b>21000</b>
49.	Total income from all sources	49.	<b>53323</b>
50.	Divide Line 48 by Line 49	50.	<b>0.3938</b>

**N.C. Residency Dates for Part-Year Residents**

	Beginning	Ending
Taxpayer:		
Spouse:		

<b>a</b> Control number		OMB No. 1545-0008		Safe, accurate, FAST! Use <b>IRS e-file</b>		Visit the IRS website at www.irs.gov/efile.	
<b>b</b> Employer identification number (EIN) 56-1234567				<b>1</b> Wages, tips, other compensation 21,000		<b>2</b> Federal income tax withheld 800	
<b>c</b> Employer's name, address, and ZIP code US ARMY  1 LICKSKILLET LANE HORSE SHOE NC 28742				<b>3</b> Social security wages 21,000		<b>4</b> Social security tax withheld 1,302	
				<b>5</b> Medicare wages and tips 21,000		<b>6</b> Medicare tax withheld 305	
				<b>7</b> Social security tips		<b>8</b> Allocated tips	
<b>d</b> Employee's social security number 400-00-7504				<b>9</b> Advance EIC payment		<b>10</b> Dependent care benefits	
<b>e</b> Employee's first name and initial      Last name  TEST M                      LUCKY 13 WINNERS CIR HORSE SHOE NC 28742				<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12	
				<b>13</b> Statutory employee   Retmnt. plan   Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>12b</b>	
				<b>14</b> Other		<b>12c</b>	
						<b>12d</b>	
<b>f</b> Employee's address and ZIP code							
<b>15</b> State      Employer's state ID no. NC 568866		<b>16</b> State wages, tips, etc. 21,000		<b>17</b> State income tax 980		<b>18</b> Local wages, tips, etc.	
						<b>19</b> Local income tax	
						<b>20</b> Locality name	

Form **W-2** **Wage and Tax  
Statement**

**2006**

Department of the Treasury Internal Revenue Service

**Copy B - To Be Filed With Employee's FEDERAL Tax Return.**  
This information is being furnished to the Internal Revenue Service.

**The information on this Form W-2 was used to prepare  
the taxpayer's 2005 Federal tax return by TEST FIRM.**



☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.  <b>STATE OF NORTH CAROLINA</b>  <b>1000 MAIN STREET</b> <b>RALEIGH</b> <b>NC 27634</b>	<b>1</b> Unemployment compensation	OMB No. 1545-0120
	\$ <b>3,560</b>	<b>2006</b>  Form <b>1099-G</b>
	<b>2</b> State or local income tax refunds, credits, or offsets  \$	

**Certain  
Government  
Payments**

PAYER'S Federal identification number <b>411111114</b>	RECIPIENT'S identification number <b>400-00-7504</b>	<b>3</b> Box 2 amount is for tax year <b>2004</b>	<b>4 Federal income tax withheld</b> \$
RECIPIENT'S name  <b>TEST M LUCKY</b>  Street address (including apt. no.) <b>13 WINNERS CIR</b>  City, state, and ZIP code <b>HORSE SHOE</b> <b>NC 28742</b>  Account number (see instructions)		<b>5</b> ATAA payments	<b>6</b> Taxable grants  \$
		<b>7</b> Agriculture payments  \$	<b>8</b> Box 2 is trade or business income <input type="checkbox"/>
		State	State identification number
		State unemployment amount	State withholding

**Copy B  
For Recipient**

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Form **1099-G**

(keep for your records)

Department of the Treasury - Internal Revenue Service